



In Re Application Of: Kappel et al.

Group No.: 2161

Serial No.: 09/819,446

Docket No. 51207-1070

Filed: March 28, 2001

For: CUSTOMER CARE AND BILLING SYSTEM

## **RESPONSE TO MISSING PARTS NOTICE**

Honorable Commissioner of Patents and Trademarks Washington, D.C. 20231

Sir:

In response to the Notice to File Missing Parts of Application, Filing Date Granted, dated June 28, 2001, please find enclosed:

- 1. Declaration for Patent Application;
- 2. a copy of the Notice to File Missing Parts of Application, Filing Date Granted; and
- 3. a check in the amount of \$1,050.00 to cover the additional surcharge fee for filing this Response to the Missing Parts Notice.

The Commissioner is authorized to charge Deposit Account 20-0778 for any deficiencies or credit any over payments.

Respectfully Submitted,

THOMAS, KAYDEN, HORSTEMÆYEI

& RISLEY, L.

By:

Robert E. Stachler, II, Reg. No. 36,934

Suite 1750, 100 Galleria Parkway Atlanta, Georgia 30339-5948 (770) 933-9500





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## **CERTIFICATE OF MAILING**

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Assistant Commissioner for Patents** 

**Box:** Missing Parts Washington, D.C. 20231

on November 26, 2001

Evelyn Sanders

In Re Application Of: Kappel et al.

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Group No.: 2161

Docket No. 51207-1070

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The following is a list of documents enclosed:

Return Postcard Response to Missing Parts Copy of Notice of Missing Parts - Filing Date Granted Declaration for Patent Application Petition for Extension of Time Fee Transmittal Fees - \$1,050.00 (Check No. 20251)

MissingPartsResp.doc

## **COPY OF PAPERS ORIGINALLY FILED**

Approved for use through 10/31/2002. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

EE TRANSMITTAL	Complete If Known				
	Application Number	09/819,446			
for FY 2002	Filing Date	03/28/01			
	First Named Inventor	Kappel et al.			
atent fees are subject to annual revision.	Examiner Name	To Be Assigned			
	Group / Art Unit	2161			
OF PAYMENT (%) 1.050.00	Attorney Docket No.	054207 4070			

1.   The Commissioner is hearby suchroads to charge Indicated less and credit any necessary ne	TOTAL AMOUNT OF PAYMENT (\$) 1,050.00				Attorney Docket No. 051207-1070					
1.   The Commissioner is herethy addressed to charge indicated fees and credit any overspreaments to:   Deposit Account   Thomas, Kayden, Horstemeyer Risley	METHOD OF PAYMENT			FEE CALCULATION (continued)						
Deposit Account   Thomas, Kayden, Horstemeyer Risley   156   130   205   65   65   65   65   65   65   65	1. The Commissioner is hereby authorized to charge			3.	ADDIT	ONAL	FEES			
Deposit Account Name			20-0778		Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	Deposit Account Thomas Kayden Horstemeyer Risley			105	130	205	65	Surcharge - late provisional filing fee or	130	
2.	Charge Any Addition	onal Fee Required I	Under 37 CFR 1.1	6 and 1.17	139	130	139	130		
2.	Applicant claims sn	nall entity status. S	See 37 CFR 1.27		147	2,520	147	2,520	For filing a request for reexamination	
Check	2 Payment Enclosed			İ				Examiner action		
FEE CALCULATION	Check Money Credit Other			1			·	Examiner action		
11					ì				` *	
Large   Entity   Fee   Gold (6)   Claims in excess of 3   104   280   203   42   Independent claims in excess of 3   109   84   209   42   Independent claims in excess of 3   109   84   209   42   Independent claims in excess of 3   100   200   Claims in excess of 3   100   200   Correlate (if applicable)   Correla			A I I OR							
Fee	1. BASIC FILING	FEE			117	920	217	460	Extension of time within third month	920
Code   (8)   Cod					l .	•			<b>+</b>	
106   330   206   165   Design filing fee   \$   121   280   221   140   Request for oral hearing			e Description	ree Paid						
107   510   207   255			Jtility filing fee		120	320	220	160	Filing a brief in support of an appeal	
108   740   208   370   Reissue filing fee   \$   140   110   240   55   Petition to revive - unavoidable   Provisional filing fee   \$   141   1,280   241   840   Petition to revive - unintentional			• •		121		221	140	Request for oral hearing	
114   150   214   80   Provisional filing fee   \$   141   1,280   241   840   Petition to revive - unintentional     142   1,280   242   640   Utility issue fee (or reissue)			_							
SUBTOTAL (1) (8)   142   1,280   242   640   Utility issue fee (or reissue)   Design issue fee			_							
2. EXTRA CLAIM FEES    144 620 244 310   Plant issue fee	114 100 214			<u> </u>					L. L	
Extra Claims  Ex		SUB	TOTAL (1)	(8)						
Extra Claims  Ex	O SVITTO A ALL AND HERMA			144	620	244	310	Plant issue fee		
Extra Claims below Fee Paid  126 180 126 180 Submission of Information Disclosure Stmt.  Total Claims  20 -20***= 0 x 9.00 =	Z. EATRA CLAIM	I LEES			122	130	122	130	Petitions to the Commissioner	
Total Claims  20  -20**= 0  x  9.00  =		Futur Olalina		E. D. II	123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Independent 1 -3** = 1 x 42.00 = 146 740 246 370 Filing a submission after final rejection (37 CFR 1.129(a))  Rultiple Dependent 140.00 = 149 740 249 370 For each additional invention to be examined (37 CFR 1.129(b))  Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Extra Claims below Fee Paid			126	180	126	180	Submission of Information Disclosure Stmt.		
Claims  Multiple Dependent  Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Code (\$) 103 18 203 9 Claims in excess of 20  104 280 204 140 Multiple dependent Claims in excess of 3 109 84 209 42 Independent Claims in excess of 3 109 84 209 42 "Reissue Independent claims over original patent over original patent  "** or number previously paid, if greater; For Reissues, see above  Complete (if applicable)  SUBMITTED BY  CFR 1.129(a))  149 740 249 370 For each additional invention to be examined (37 CFR 1.129(b))  179 740 279 370 Request for expedited examination of a design application  Other fee (specify)  Other fee (specify)  Telephone Number 770.933.9500	Total Claims 20 -2	20**= 0	x 9.00 =		581	40	581	40		
Entity Small Entity Fee		3** = 1	x 42.00 =		146	740	246	370		!
Large Entity Small Entity Fee	Multiple Dependent		140.00		149	740	249	370		
Fee					179	740	279	370	Request for Continued Examination (RCE)	
103 18 203 9 Claims in excess of 20  102 84 202 42 Independent Claims in excess of 3  104 280 204 140 Multiple dependent claims over original patent  109 84 209 42 "Reissue independent claims over original patent  110 18 210 9 "Reissue claims in excess of 20 and over original patent  " or number previously paid, if greater; For Reissues, see above  SUBTOTAL (2) (3)0 Registration No. 36.934 Telephone Number 770.933.9500			Fee Desc	ription	169	900	169	900	•	
104 280 204 140 Multiple dependent claims in excess of 3 109 84 209 42 "Reissue independent claims over original patent  110 18 210 9 "Reissue claims in excess of 20 and over original patent  "* or number previously paid, if greater; For Reissues, see above  SUBTOTAL (2) (\$)0 Reduced by Basic Filing Fee Paid  Complete (if applicable)  SUBMITTED BY  Requirement Claims in excess of 3  Telephone Number 770,933,9500	Code (\$) Code (\$)		Othe	er fee (sp	ecify)					
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original patent  original patent  Other fee (specify)  "Reissue claims in excess of 20 and over original patent  "or number previously paid, if greater; For Reissues, see above  SUBTOTAL (2)  SUBTOTAL (2)  SUBTOTAL (3)  1,050  Complete (if applicable)  Complete (if applicable)  Telephone Number 770,933,9500			Multiple dependent claims in excess of 3						_	
over original patent  " or number previously paid, if greater; For Reissues, see above  SUBTOTAL (2) (3)0 Reduced by Basic Filing Fee Paid  Complete (if applicable)  SUBMITTED BY  Reduced by Basic Filing Fee Paid  Complete (if applicable)  Telephone Number 770,933,9500		oriç	original patent		Other fee (specify)					
greater; For Reissues, see above  Complete (if applicable)  SUBMITTED BY  Registration No. 36, 934  Telephone Number 770, 933, 9500	110 18 210									
SUBMITTED BY  Registration No. 36.934  Telephone Number   770.933.9500			STOTAL (2)	(\$)0	*Redu	ced by Ba	sic Filing	Fee Paid		050
Registration No. 36, 934 Telephone Number 770, 933, 9500	SUBMITTED BY								Complete (if applicable)	
	Typed or Printed Name		Roberte	Chler 11 /	/ F	Registration	on No. 3	36,934	Telephone Number 770-9	33-9500

(Attorney/Agent)

Date

Deposit Account

User ID

Signature